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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/576,028	04/04/2007	Christian Peter Putzelt	02839/46201	8178

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KENYON & KENYON LLP
ONE BROADWAY
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EXAMINER

ARNOLD, ERNST V

ART/UND	PAPER NUMBER
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1616

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10/14/2009

PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

Continuation of Identification of prior art discussed: The Examiner contacted Mr. Coppola to follow up on the interview of Friday October 02. It was determined by the Office (STIC search) that the reference of Bedi et al. Crit Care Med 2003 was entered into Pubmed on 10/8/03 (see page 2 of 2 of the attachment underlined in red) and is therefore prior art.

PTO-892 is attached.

Notice of References Cited	Application/Control No. 10/576,628	Applicant(s)/Patent Under Reexamination PETZELT ET AL.	
	Examiner ERNST V. ARNOLD	Art Unit 1616	Page 1 of 1

U.S. PATENT DOCUMENTS

*		Document Number Country Code-Number-Kind Code	Date MM-YYYY	Name	Classification
	A	US-			
	B	US-			
	C	US-			
	D	US-			
	E	US-			
	F	US-			
	G	US-			
	H	US-			
	I	US-			
	J	US-			
	K	US-			
	L	US-			
	M	US-			

FOREIGN PATENT DOCUMENTS

*		Document Number Country Code-Number-Kind Code	Date MM-YYYY	Country	Name	Classification
	N					
	O					
	P					
	Q					
	R					
	S					
	T					

NON-PATENT DOCUMENTS

*		Include as applicable: Author, Title Date, Publisher, Edition or Volume, Pertinent Pages)
	U	Bedi et al. Crit Care Med 2003 publication information in Pubmed; 2 pages.
	V	
	W	
	X	

*A copy of this reference is not being furnished with this Office action. (See MPEP § 707.05(a).)
Dates in MM-YYYY format are publication dates. Classifications may be US or foreign.

1: Bedi A et al.

http://www.ncbi.nlm.nih.gov/pubmed/14530753?ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVMedline> Use of xenon as a sedative fo...[PMID:

14530753] Related Articles

http://www.ncbi.nlm.nih.gov/sites/entrez?Db=pubmed&DbFrom=pubmed&Cmd=Link&LinkName=pubmed_pubmed&LinkReadableName=Related%20Articles&IdsFromResult=14530753&ordinalpos=1&itool=EntrezSystem2.PEntrez.Pubmed.Pubmed_ResultsPanel.Pubmed_RVMedline> , Links

<javascript:PopUpMenu2_Set(Menu14530753);>

PMID - 14530753

OWN - NLM

STAT - MEDLINE

DA - 20031007

DCOM - 20031105

LR - 20071115

IS - 0090-3493 (Print)

VI - 31

IP - 10

DP - 2003 Oct

TI - Use of xenon as a sedative for patients receiving critical care.

PG - 2470-7

AB - **OBJECTIVE:** Many sedative regimens are used in the intensive care setting, but none are wholly without adverse effect. Xenon is a noble gas with sedative and analgesic properties. It has been used successfully as a general anesthetic and has many desirable properties, not least of which is a minimal effect on the myocardium. In theory, xenon may provide sedation without adverse effect for certain groups of critically ill patients. The objective of this study was to assess the feasibility of using xenon as an intensive care sedative. **DESIGN:** Double-blind, randomized study. **SETTING:** Tertiary-level intensive care unit. **SUBJECTS:** Twenty-one patients admitted to an intensive care unit following elective thoracic surgery. **INTERVENTIONS:** A standard intensive care sedation regimen (intravenous propofol at 0.5 mg.kg⁻¹.hr⁻¹ and alfentanil 30 microg.kg⁻¹.hr⁻¹) was compared with a xenon sedation regimen delivered using a novel bellows-in-bottle delivery system. **MEASUREMENTS AND MAIN RESULTS** Each sedative regimen was continued for 8 hrs. The hemodynamic effects, additional analgesic requirements, recovery from sedation, and effect on hematological and biochemical variables were compared for the two sedation regimens. All patients were successfully sedated during the xenon regimen. The mean +/- SD end-tidal xenon concentration required to provide sedation throughout the duration of the study was 28 +/- 9.0% (range, 9-62%). Arterial systolic, diastolic, and mean pressures showed a greater tendency for negative gradients in patients receiving the propofol regimen (p <.05, p <.1, and p <.01, respectively). Recovery following xenon was significantly faster than from the standard sedation regimen (p <.0001). Hematological and biochemical laboratory markers were within normal clinical limits in both groups. **CONCLUSIONS:** Xenon provided satisfactory sedation in our group of patients. It was well tolerated with minimal hemodynamic effect. Recovery from this agent is extremely rapid. We have demonstrated the feasibility of using xenon within the critical care setting, without adverse effect.

AD - Royal Group of Hospitals, Belfast, Northern Ireland.

FAU - Bedi, Amit

AU - Bedi A

FAU - Murrny, James M

AU - Murray JM

FAU - Dingley, John

AU - Dingley J

FAU - Stevenson, Michael A

AU - Stevenson MA

FAU - Fee, J P Howard

AU - Fee JP

LA - eng

PT - Clinical Trial

PT - Journal Article
 PT - Randomized Controlled Trial
 PT - Research Support, Non-U.S. Gov't
 PL - United States
 TA - Crit Care Med
 JT - Critical care medicine
 JID - 0355501
 RN - 0 (Anesthetics, Inhalation)
 RN - 0 (Anesthetics, Intravenous)
 RN - 2078-54-8 (Propofol)
 RN - 71195-58-9 (Alfentanil)
 RN - 7440-63-3 (Xenon)
 SB - AIM
 SB - IM
 CIN - Crit Care Med. 2003 Oct;31(10):2556-7. PMID: 14530769
 MH - Adult
 MH - Aged
 MH - Aged, 80 and over
 MH - *Alfentanil
 MH - Anesthetics, Inhalation/*pharmacology
 MH - *Anesthetics, Intravenous
 MH - *Conscious Sedation
 MH - *Critical Care
 MH - Double-Blind Method
 MH - Feasibility Studies
 MH - Female
 MH - Hemodynamics/*drug effects
 MH - Humans
 MH - Intensive Care Units
 MH - Male
 MH - Middle Aged
 MH - Postoperative Care
 MH - *Propofol
 MH - Xenon/*pharmacology
 EDAT - 2003/10/08 05:00
 MHDA - 2003/11/06 05:00
 CRDT - 2003/10/08 05:00
 AID - 10.1097/01.CCML.0000089934.66049.76 [doi]
 PST - ppublish
 SO - Crit Care Med. 2003 Oct;31(10):2470-7.